

# Dental HMO<sup>1</sup>


## DHMO PLUS 100

This comprehensive Dental HMO (DHMO) plan offers coverage for more than 345 dental procedures, including many preventive and diagnostic procedures at low or no copayment.

### Key Dental HMO features

- Additional cleanings and periodontal maintenance (up to 4 per year)
- Reduced usual and customary fees for non-listed services
- Nitrous oxide and IV sedation (subject to copays)
- Teeth whitening and veneers (subject to copays)
- Orthodontics for children and adults (subject to copays)
- Fluoride for children and adults (subject to copays)
- Implants for children and adults (subject to copays)



 Covered procedures (partial list <sup>2</sup> )	Member copayment
<b>Diagnostic</b>	
D0120 Periodic oral evaluation	\$0
D0150 Comprehensive oral evaluation	\$0
D0210 Intraoral X-rays – complete series	\$5
<b>Preventive</b>	
D1110 Prophylaxis (cleaning) – adult	\$0
D1110 Additional prophylaxis (up to 2 per year) adult	\$20
D1206 Topical application of fluoride	\$0
<b>Restorative treatment</b>	
D2150 Amalgam (silver filling) – two surfaces	\$0
D2331 Composite (white filling) – two surfaces anterior	\$0
D2392 Composite (white filling) – two surfaces posterior	\$30
<b>Crowns and pontics</b>	
D2751 <sup>3</sup> Crown – porcelain fused to predominantly base metal	\$100
D2962 Labial veneer (porcelain laminate) – laboratory	\$350
<b>Endodontics</b>	
D3320 Root canal – bicuspid (ex. final restoration)	\$65
D3330 Root canal – molar (ex. final restoration)	\$95
<b>Periodontics</b>	
D4341 Periodontal scaling and root planing – 4 or more teeth per quadrant	\$25
<b>Prosthodontics</b>	
D5110 Complete denture – upper	\$125
D7220 Removal of impacted tooth – soft tissue	\$50
<b>Orthodontics</b>	
D8070-90 Comprehensive orthodontic treatment – adult or child	\$1,450
<b>Other</b>	
D6010 Surgical placement of implant body: endosteal implant	\$1,950
D9972 External bleaching (teeth whitening) – per arch	\$125



With access to care through a large dental network, this plan offers the affordable, flexible and quality dental coverage you and your family need.

<sup>1</sup>Health Net Dental HMO plans are offered and administered by Dental Benefit Providers of California, Inc. (DBP). Obligations of DBP are not the obligations of, nor guaranteed by, Health Net, Inc. or its affiliates.

<sup>2</sup>Refer to your *Evidence of Coverage* and *Schedule of Benefits* for the full list of Covered Procedures and Exclusions and Limitations.

<sup>3</sup>There is a \$75 copayment per crown/bridge unit in addition to regular copayments for porcelain on molars.

# Exclusions and Limitations

## Limitations

### General

- Any procedures not specifically listed as a covered benefit in this Plan's *Schedule of Benefits* are available at 100% of the usual and customary fees of the treating Health Net selected general or specialty care dentist, provided the services are included in the treatment plan and are not specifically excluded.
- Dental procedures or services performed solely for cosmetic purposes or solely for appearance are available at 100% of the usual and customary fees of the treating Health Net selected general or specialty care dentist, unless specifically listed as a covered benefit on this Plan's *Schedule of Benefits*.
- General anesthesia is a covered benefit only when administered by the treating dentist, in conjunction with oral and periodontal surgical procedures.

### Preventive

- Routine cleanings (prophylaxis), periodontal maintenance services and fluoride treatments are limited to twice a year. Two (2) additional cleanings (routine and periodontal) are available at the copayment listed on this Plan's *Schedule of Benefits*. Additional prophylaxis are available, if medically necessary.
- Sealants: Plan benefit applies to primary and permanent molar teeth, within four (4) years of eruption, unless medically necessary.

### Diagnostic

- Panoramic or full-mouth X-rays: Once every three (3) years, unless medically necessary.

### Restorative

- An additional charge, not to exceed \$150 per unit, will be applied for any procedure using noble, high noble or titanium metal.
- Replacement of any crowns or fixed bridges (per unit) are limited to once every five (5) years.
- Cases involving seven (7) or more crowns and/or fixed bridge units in the same treatment plan require an additional \$125 copayment per unit in addition to the specified copayment for each crown/bridge unit.
- There is a \$75 copayment per crown/bridge unit in addition to the specified copayment for porcelain on molars.

### Prosthodontics

- Relines are limited to one (1) every twelve (12) months.
- Dentures (full or partial): Replacement only after five (5) years have elapsed following any prior provision of such dentures under a Health Net Plan, unless due to the loss of a natural functioning tooth. Replacements will be a benefit under this Plan only if the existing denture is unsatisfactory and cannot be made satisfactory as determined by the treating Health Net selected general dentist.
- Delivery of removable prosthodontics includes up to three (3) adjustments within six (6) months of delivery date of service.

### Endodontics

- The copayments listed for endodontic procedures do not include the cost of the final restoration.

### Oral surgery

- The removal of asymptomatic third molars is not a covered benefit unless pathology (disease) exists; however, it is available at 100% of your Health Net selected general or specialty care dentist's usual and customary fees.

### Implants

- Replacement of implants, implant crowns, implant prosthesis, and implant supporting structures (such as connectors) previously submitted for payment under the plan is limited to 1 time per consecutive 60 months from initial or supplemental placement.
- Implant placement. Limited to 1 time per consecutive 60 months.
- Implant supported prosthetics. Limited to 1 time per consecutive 60 months.
- Implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis and abutments, reinsertion of prosthesis. Limited to 1 time per consecutive 12 months.
- Repair implant supported prosthesis, by report. Limited to repairs or adjustments performed more than 12 months after initial insertion. Limited to 1 per consecutive 6 months.
- Abutment supported crown (titanium) or retainer crown for FPD – titanium. Limited to 1 time per consecutive 60 months.
- Repair implant abutment, by report. Limited to repairs or adjustments performed more than 12 months after initial insertion. Limited to 1 per consecutive 6 months.
- Implant removal, by report. Limited to 1 time per consecutive 60 months.
- Radiographic/surgical implant index, by report. Limited to 1 time per consecutive 60 months.

### General exclusions

- Services performed by any dentist not contracted with Health Net, without prior approval (except out-of-area emergency services). This includes services performed by a general dentist or specialty care dentist.
- Dental procedures started prior to the member's eligibility under this Plan or started after the member's termination from the Plan. Examples include: teeth prepared for crowns, root canals in progress, full or partial dentures for which an impression has been taken.
- Any dental services or appliances which are determined to be not reasonable and/or necessary for maintaining or improving the member's dental health, as determined by the Health Net selected general dentist.
- Orthognathic surgery.
- Inpatient/outpatient hospital charges of any kind including dentist and/or physician charges, prescriptions or medications.
- Replacement of dentures, crowns, appliances, or bridgework that have been lost, stolen or damaged due to abuse, misuse or neglect.
- Treatment of malignancies, cysts or neoplasms, unless specifically listed as a covered benefit on this Plan's *Schedule of Benefits*. Any services related to pathology laboratory fees.

- Procedures, appliances or restorations whose primary purpose is to change the vertical dimension of occlusion or correct congenital, developmental or medically induced dental disorders including, but not limited to, treatment of myofunctional, myoskeletal or temporomandibular joint disorders unless otherwise specifically listed as a covered benefit on this Plan's *Schedule of Benefits*.
- Any dental procedure or treatment unable to be performed in the dental office due to the general health or physical limitations of the member.
- Dental services provided for or paid by a federal or state government agency or authority, political subdivision, or other public program other than Medicaid or Medicare.
- Dental services required while serving in the armed forces of any country or international authority.
- Dental services considered experimental in nature.
- Any implant procedures performed which are not listed as Covered implant procedures in the Schedule of Covered Dental Services.

### Orthodontic exclusions and limitations

If you require the services of an orthodontist, a referral must first be obtained. If a referral is not obtained prior to the commencement of orthodontic treatment, the member will be responsible for all costs associated with any orthodontic treatment. If you terminate coverage from the Health Net Plan after the start of orthodontic treatment, you will be responsible for any additional charges incurred for the remaining orthodontic treatment.

- Orthodontic treatment must be provided by a Health Net selected general dentist or Health Net contracted orthodontist in order for the copayments listed in this Plan's *Schedule of Benefits* to apply.
- Plan benefits shall cover twenty-four (24) months of usual and customary orthodontic treatment and an additional twenty-four (24) months of retention. Treatment extending beyond such time periods will be subject to a charge of \$25 per visit.
- The following are not included as orthodontic benefits:
  1. Repair or replacement of lost or broken appliances;
  2. Retreatment of orthodontic cases;
  3. Treatment involving:
    - a. Maxillofacial surgery, myofunctional therapy, cleft palate, micrognathia, macroglossia;
    - b. Hormonal imbalances or other factors affecting growth or developmental abnormalities;
    - c. Treatment related to temporomandibular joint disorders;
    - d. Composite or ceramic brackets, lingual adaptation of orthodontic bands and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances.
- The retention phase of treatment shall include the construction, placement and adjustment of retainers.
- Active orthodontic treatment in progress on your effective date of coverage is not covered. Active orthodontic treatment means tooth movement has begun.

**Note:** If there are any conflicts in the provisions of the *Evidence of Coverage* and this document, the provisions of the *Evidence of Coverage* shall govern.

In addition to the State of California nondiscrimination requirements (as described in benefit coverage documents), Health Net of California, Inc. (Health Net) complies with applicable federal civil rights laws and does not discriminate, exclude people or treat them differently on the basis of race, color, national origin, ancestry, religion, marital status, gender, gender identity, sexual orientation, age, disability, or sex.

#### **HEALTH NET:**

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact Health Net's Customer Contact Center at **1-800-522-0088 (TTY: 711)**.

If you believe that Health Net has failed to provide these services or discriminated in another way based on one of the characteristics listed above, you can file a grievance by calling Health Net's Customer Contact Center at the number above and telling them you need help filing a grievance. Health Net's Customer Contact Center is available to help you file a grievance. You can also file a grievance by mail, fax or email at:

Health Net of California, Inc. Appeals & Grievances  
PO Box 10348, Van Nuys, CA 91410-0348

Fax: 1-877-831-6019

Email: [Member.Discrimination.Complaints@healthnet.com](mailto:Member.Discrimination.Complaints@healthnet.com) (Members) or  
[Non-Member.Discrimination.Complaints@healthnet.com](mailto:Non-Member.Discrimination.Complaints@healthnet.com) (Applicants)

If your health problem is urgent, if you already filed a complaint with Health Net of California, Inc. and are not satisfied with the decision or it has been more than 30 days since you filed a complaint with Health Net of California, Inc., you may submit an Independent Medical Review/Complaint Form with the Department of Managed Health Care (DMHC). You may submit a complaint form by calling the DMHC Help Desk at 1-888-466-2219 (TDD: 1-877-688-9891) or online at [www.dmhc.ca.gov/FileaComplaint](http://www.dmhc.ca.gov/FileaComplaint).

If you believe you have been discriminated against because of race, color, national origin, age, disability, or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights (OCR), electronically through the OCR Complaint Portal, at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019 (TDD: 1-800-537-7697).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

#### **English**

No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card or call **866-249-2382** (TTY: 711).

#### **Arabic**

خدمات اللغة مجانية. يمكنك الحصول على مترجم فوري. ويمكنك الحصول على وثائق مقروءة لك. للحصول على المساعدة، اتصل بنا على الرقم الموجود على بطاقة الهوية، أو اتصل على مركز الاتصال التجاري (TTY: 711) **866-249-2382**

#### **Armenian**

Անվճար լեզվական ծառայություններ: Դուք կարող եք բանավոր թարգմանիչ ստանալ: Փաստաթղթերը կարող են կարդալ ձեզ համար: Օգնության համար զանգահարեք մեզ ձեր ID քարտի վրա նշված հեռախոսահամարով կամ զանգահարեք **866-249-2382** (TTY: 711).

#### **Chinese**

免費語言服務。您可使用口譯員。您可請人使用您的語言將文件內容唸給您聽，並請我們將有您語言版本的部分文件寄給您。如需協助，請致電您會員卡上所列的電話號碼與我們聯絡，或致電 **866-249-2382** (TTY: 711)。

#### **Hindi**

बनिा लागत की भाषा सेवाएँ। आप एक दुभाषयिा प्राप्त कर सकते हैं। आपको दस्तावेज पढ़ कर सुनाए जा सकते हैं। मदद के लएि, आपके आईडी कार्ड पर दएि गए सूचीबद्ध नंबर पर हमें कॉल करें, या **866-249-2382** (TTY: 711)।

## Hmong

Kev Pab Txhais Lus Dawb. Koj xav tau neeg txhais lus los tau. Koj xav tau neeg nyeem cov ntaub ntawv kom yog koj hom lus los tau. Xav tau kev pab, hu peb tau rau tus xov tooj ntawm koj daim npav los yog hu 866-249-2382 (TTY: 711).

## Japanese

無料の言語サービス。通訳をご利用いただけます。文書をお読みします。援助が必要な場合は、IDカードに記載されている番号までお電話いただくか、866-249-2382、(TTY: 711)。

## Khmer

សេវាកម្មសេរីដោយឥតគិតថ្លៃ។ អ្នកអាចទទួលបានអ្នកបកប្រែផ្ទាល់មាត់។ អ្នកអាចស្តាប់គេអានឯកសារឱ្យអ្នក។ សម្រាប់ជំនួយ សូម ទាក់ទងយើងខ្ញុំតាមរយៈលេខទូរសព្ទដែលមាននៅលើកាតសម្គាល់ខ្លួនរបស់អ្នក ឬ ទាក់ទងទៅមជ្ឈមណ្ឌលទំនាក់ទំនងពាណិជ្ជកម្ម នៃក្រុមហ៊ុន 866-249-2382 (TTY: 711)។

## Korean

무료 언어 서비스. 통역 서비스를 받을 수 있습니다. 귀하가 구사하는 언어로 문서의 낭독 서비스를 받으실 수 있습니다. 도움이 필요하시면 보험 ID 카드에 수록된 번호로 전화하시거나 866-249-2382 (TTY: 711).

## Navajo

Saad Bee Áká E'eyeed T'áá Jíík'e. Ata' halne'ígíí hólq. T'áá hó hazaad k'éhjí naaltsoos hach'í' wóltah. Shíká a'doowoł nínízingo naaltsoos bee néího'dólzínígíí bikáa'gi béésh bee hane'í bikáá' áají' hodíílnih éí doodaii' 866-249-2382 (TTY: 711).

## Persian (Farsi)

خدمات زبان به طور رایگان. می توانید یک مترجم شفاهی بگیرید. می توانید درخواست کنید که اسناد برای شما قرائت شوند. برای دریافت راهنمایی، با ما به شماره ای که روی کارت شناسایی شما درج شده تماس بگیرید یا با مرکز تماس بازرگانی 866-249-2382 (TTY: 711)

## Panjabi (Punjabi)

ਬਨਿ ਕਸਿ ਲਾਗਤ ਤੇ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ। ਤੁਸੀਂ ਇੱਕ ਦੁਭਾਸ਼ੀਆ ਪ੍ਰਾਪਤ ਕਰ ਸਕਦੇ ਹੋ। ਤੁਹਾਨੂੰ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਡੀ ਭਾਸ਼ਾ ਵਿੱਚ ਪੜ੍ਹ ਕੇ ਸੁਣਾਏ ਜਾ ਸਕਦੇ ਹਨ। ਮਦਦ ਲਈ, ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ ਤੇ ਦਿੱਤੇ ਨੰਬਰ ਤੇ ਸਾਨੂੰ ਕਾਲ ਕਰੋ ਜਾਂ ਕਰਿਆ ਕਰਕੇ 866-249-2382 (TTY: 711)।

## Russian

Бесплатная помощь переводчиков. Вы можете получить помощь устного переводчика. Вам могут прочитать документы. За помощью обращайтесь к нам по телефону, приведенному на вашей идентификационной карточке участника плана. Кроме того, вы можете позвонить в 866-249-2382 (TTY: 711).

## Spanish

Servicios de idiomas sin costo. Puede solicitar un intérprete. Puede obtener el servicio de lectura de documentos y recibir algunos en su idioma. Para obtener ayuda, llámenos al número que figura en su tarjeta de identificación o comuníquese con el 866-249-2382 (TTY: 711).

## Tagalog

Walang Bayad na Mga Serbisyo sa Wika. Makakakuha kayo ng isang interpreter. Makakakuha kayo ng mga dokumento na babasahin sa inyo. Para sa tulong, tawagan kami sa nakalistang numero sa inyong ID card o tawagan ang 866-249-2382 (TTY: 711).

## Thai

ไม่มีค่าบริการด้านภาษา คุณสามารถใช้ล่ามได้ คุณสามารถให้อ่านเอกสารให้ฟังได้ สำหรับความช่วยเหลือ โทรหาเราตาม หมายเลขที่ให้ไว้บนบัตรประจำตัวของคุณ หรือ โทรหาศูนย์ติดต่อเชิงพาณิชย์ของ 866-249-2382 (TTY: 711)

## Vietnamese

Các Dịch Vụ Ngôn Ngữ Miễn Phí. Quý vị có thể có một phiên dịch viên. Quý vị có thể yêu cầu được đọc cho nghe tài liệu. Để nhận trợ giúp, hãy gọi cho chúng tôi theo số được liệt kê trên thẻ ID của quý vị hoặc gọi 866-249-2382 (TTY: 711).